

Western MRS Meeting Notes  
February 18, 2008  
St. John's Church

Counties Present: Buncombe, Caldwell, Cleveland, Haywood, Iredell, McDowell, Swain, Transylvania

Introductions

Announcements

Using the CME Program

Foster Care Visits/Foster Parent Recruitment and Retention

FA Findings

SOC Principle – Cultural Competence

Contributory Factors

Announcements

- A Dear County Director Letter went out as a follow up to the Foster Care data entered in the MRS database. Initially we said we would submit the last quarter of the fiscal year, however the day before the data was due ACF decided that was not sufficient. ACF said that we needed data for selected sample cases for the entire fiscal year. The letter references the previous communications regarding entering these visits, and then details which cases you need to enter for. This averages out to about 2 or 3 cases per county. Data should be submitted by close of business on Friday March 7<sup>th</sup>.
- Holly has been sending out reminders about trainings when she hears that enrollment is low and the training might be cancelled. They are filling up after she sends the announcements, but she is wondering is there something that we could do that would allow people to sign up earlier and prevent the trainings from almost being cancelled? If you have any thoughts, let her know.
- Heather referenced an Admin Letter that will come out soon that allows counties to designate users to have a Supervisor role within the MRS database. This will allow these persons to edit closed records for their counties instead of having to call Heather.
- Very soon a call for Proposals will be coming out for the MRS Institute.

Using the CME program–

Laura Elmore from the Policy team talked about CMEs. This policy was recently revised.

Child Medical Exams

- Child & Family evaluations doing more through evaluations and therefore now they cost more.
- When the physical (medical) piece is sent in for processing they let her know if there is information missing from the consent form (such as ID numbers). It is very important to complete this form entirely.

- Should be opening 212 on the 5027 (does not have to be coded on the Daysheet) – that is the code for this evaluation.
- If the parent does not sign the consent form before the evaluation it will not be approved to be paid which means your county will have to pay the provider for the evaluation. Cannot backdate a consent.
- Have been trying to clean up the invoices – if the providers don't turn in their invoices within 2 months of the evaluation the providers will have to absorb the cost, neither the counties nor the state will have to pay for it. Hopefully this will result in counties getting their reports more quickly.
- What kinds of cases are being referred? Obviously meth lab children, but what else?
  - One county refers all sex abuse with disclosure from the child (almost any kind of disclosure unless it is blatantly obvious that it is not true.
  - Another county does almost all physical abuse just because you want it documented by the doctor and to cover any other effects of the abuse.
- **Note:** *The CME program is to be used when you cannot otherwise make a decision – not to confirm what you already know.* If the parents admit that they made the bruises, and you just want to use the CME to determine if they were made by a belt, as the parents claim, or if it was a board it is not an appropriate use of these funds.
  - You can use the same providers and get supporting information but it is not with CME funding. If they have Medicaid that would be used to pay for it. If they don't then you will have to find other funding.
  - If you use this funding for cases to back up a decision that you have already made then it is possible that the funding will be exhausted and then it will not be available later in the fiscal year for those cases where DSS can't make a decision.
  - We don't want to get to the place where we have to say this funding has been used up and the CME program is not available until the next fiscal year.
  - We understand that oftentimes you want to check for older injuries or additional injuries. But still be conscious of when you use this program.
- Counties think that the RIL plays into it, that if you are going to have to defend your decision re: sexual abuse you want to have documentation.
- Also in sex abuse cases, just because a child discloses fondling that doesn't mean that is all there is, and there may be other children in the case that are too young to disclose anything but may also be victims of the same perp.
- We are NOT telling counties not to use the program, but want to stress to use it appropriately.

Child & Family Evaluation (formerly called Child Mental Health Evaluations – when do you do these?

- When children repeatedly disclose and recant.
- When you have done everything else and the family dynamics just don't add up but you can't put your finger on it.
- Checking for Munchausen
- For questions you can email [Laura.Elmore@ncmail.net](mailto:Laura.Elmore@ncmail.net)

### Foster Care Visits/Foster Parent Recruitment and Retention

John gave an update on the 2 pieces. He had handouts detailing the history and next steps for these 2 items. Contact him for this information at: [johnmcmahon@mindspring.com](mailto:johnmcmahon@mindspring.com)

#### Foster Care Visits

- Monthly foster care contact record. Several counties participated in creating a standardized tool to improve these visits. Hopes to: a) focus discussion and attention on the safety and well being of children in foster care and foster families, b) facilitate timely documentation and follow-up on identified needs, and c) support movement toward the intended outcomes for the children being visited.
- The Division started this work in 2006 working with the School of Social Work at UNC.
- Developed several prototypes of the tool, and in January of 2007 the Division issued an invitation to participate in the pilot testing of the tool. 25 agencies responded and took part in this pilot. Agencies were asked to use a version of this tool one time a month during their required contact with children in care.
- Users saw a real benefit in using this tool, had some suggestions for modifications. These modifications were made and in January 2008 the tool was presented to Children's Services committee, who liked it but requested a few changes. Currently the plan is to resubmit to them in March, and if approved will be mandated for use sometime later during the year.
- Jordan Institute will develop an on-line training to assist workers in learning how to use the tool.

#### Update on Foster Parent Recruitment and Retention Campaign

- Prominent part of the Program Improvement Plan.
- Had conducted a web survey of agencies – handout displays the geographic distribution of the agencies who responded and preliminary results of the survey.
  - 70% of agencies sometimes or often break up sibling groups in placements because there is not a foster home that can accept them all.
  - 5.6% of children are placed in group homes because there is a lack of family or therapeutic foster homes.
  - Agencies would like to see more foster homes for teens
  - Minority foster homes – nearly 75% of agencies had trouble recruiting minority foster parents but retention of them once recruited was not as much of an issue.
  - 11% of children were placed an hour away from their birth parents.
  - Regional approach – vast majority of respondents were open to this idea. Did not detail precisely what this might entail, but would be some sort of collaborative effort in order to maximize resources within a region.
- Will be planning clinics around the state to talk to providers and others in your region. Will focus on what people are trying now and what will be most helpful to counties in the future.
- Jordan will be putting together a toolkit and also keep in contact with those who participate in the clinics to maintain information sharing.

What are people doing that is working well, or what might you like to discuss at a clinic so that you can improve.

- Caldwell county pays an additional stipend out of county money for foster parents who are willing to take sibling groups of 3 or more. This has helped a lot. They had to get special permission for one placement because it overloaded the foster home. They had done a presentation to the county commissions detailing the costs that were being accrued when a sibling group was broken up or placed elsewhere. The commissioners were impressed and agreed to the allocations. They would be willing to share this presentation.
- Haywood developed a presentation about children with special needs and paid additional monies to foster parents who were willing to care for these children. Most of these families so far have adopted the children who came into care as babies.
- Haywood also has Neighbor to Family in their county – program which started in Florida – families contract with the agency to provide care for sibling groups. DSS and Neighbor to Family do MAPP together, some DSS parents went to work for NTF because it suited their needs better, but Haywood was OK with that because they will end up benefiting from the intensive care that NTF provides. The NTF program has shown positive results with reducing time in care in other states. NTF requires that one parent be home full time – because the families are employees of the agency – this is why some families want to go with NTF and some prefer to stay with DSS. Also, they cannot take just one child. They have to take 2 or more. DSS pays NTF \$2500 a month per child but if they can get a child out of care in 8 months rather than 23, this is a long term savings.

### Family Assessment Findings

Clarifying the family assessment findings. Where is clarification needed?

Services Needed – Defined as *“a situation in which a family assessment has been completed on CPS reports of neglect (with the exception of abandonment and the special types of reports) and dependency, and the safety issues and future risk of harm is so great that the agency must provide involuntary CPS services to ensure the safety of the child. These are situations in which the safety and risk of harm are so great that the agency cannot ensure the safety of the children without either providing necessary services, or monitoring those provided by another agency or provider.”*

- People were clear on this definition

Services Provided, CPS Services No Longer Needed – Defined as *“a situation in which a family assessment has been completed on CPS reports of neglect (with the exception of abandonment and the special types of reports) and dependency, and the safety of a child and future risk of harm are no longer issues because the agency has been successful in “frontloading” necessary services during the family assessment. These are cases in which continued involuntary CPS supervision is no longer needed to ensure the child’s safety. This finding is not appropriate for cases in which the agency feels it needs to monitor compliance with the service recommendation due to safety and future risk of harm.”*

- Asked for a hypothetical: You go out on a case and on your first visit it is clear that inappropriate discipline is an issue. You frontload parenting classes and counseling and the family becomes very engaged in the services. Several weeks down the road

you talk to the collaterals and they report that mom is engaged in the services and has changed her behavior, and this is supported by the children. The first day you would have made a decision of Services Needed, but by the time you close the case you feel there is not a safety issue warranting CPS involvement, you should use this finding.

- If the case was never at the place where you would have found Services Needed, there are some typical “teen issues” but nothing that warrants CPS involvement then you would still use Services Recommended.
- The question within agencies is: if you say “services no longer needed” what would happen if the family stopped going to the services (like the parenting class) after your finding?
- Talk to not only the providers of the classes or services, but the other people who are in the world with that family, Grandma who can say that she sees a difference in the types of discipline mom is using, and other people that interact with the family.
- We created this finding so that we could account for all this frontloading of services that are an integral part of MRS. At case opening you would have said Services Needed if you had to make your decision on the first day.

Services Recommended – Defined as: *a situation in which a family assessment has been completed on CPS reports of neglect (with the exception of abandonment and the special types of reports) and dependency, and the safety of a child is not an issue and future risk or harm is not an issue, but the family has a need for other non-safety related services. These are cases that the agency could feel comfortable with the safety of the children if the family chose not to agree, continue to participate in, or otherwise fail to comply with any one or all of the recommendations made by the agency. . This finding is not appropriate for cases in which the agency feels it needs to monitor compliance with the service recommendation due to safety and future risk of harm. It is also not appropriate to make this finding if the agency believes it would become re-involved with the family through CPS should information be received that the family had stopped receiving any recommended service.”*

- People were clear on this definition

General Discussion regarding definitions of findings:

- People are always asking for examples – what would be people’s reaction if there were examples in policy?
  - Is that something would be helpful? Policy team is afraid that if they give examples and a situation does not precisely fit the example that people will not think the policy is appropriate to the case at hand.
  - Suggestion was made to include the examples in the change notices or DCD letters rather than in policy itself.
  - Patrick shared a suggestion that was being discussed at Supervisors Strategic Planning sessions to include an intent statement with release of new policy or change. Also the suggestion was made to have a call or meeting with CPRs about 10 days after a letter is released.
  - Counties have requested that instead of policy changes being released today and have an effective date of today as well, that the Division release the policy

with some time built in to read, understand, and discuss with questions before it became effective.

Stopping a Family Assessment – asked when you can do this. If it is obvious that the allegations are false, when can you stop?

- This was an issue at all 3 meetings several months ago (not sure which month). There are not actually very many of these, but if it is a situation where, had you had all the facts, you would not have taken the case, you can complete the Risk Assessment and Safety Assessment then you can close without contacting collaterals, etc.

### SOC Principle – Cultural Competence

What does this mean to folks?

- Being able to understand and identify with where the other person is coming from based on their background and culture. Rather than the Golden Rule, this emphasizes the Platinum Rule “treat others not as you wish to be treated (golden rule), but as they would wish you to treat them”.
- Sometimes we take something where we think we are doing something correctly but we may not be.
  - Example: people have heard that you address the male first in a Hispanic household. However, that is not necessarily appropriate in all Hispanic households – some have been here for years and they do not necessarily want to be treated the same as a family that has been in this country for 6 months.
- This principle supports the 6 Principles of Partnership very well.
- Remember that culture is not just about nationality/ethnicity. There are other kinds of culture. Joy gave an example in Jackson County there are 3 social groups: town (people that live in town) gown (people associated with the University) and rural (people that live outside of town).
- People in urban areas may not, for example, have a lot of guns, but in rural counties there is a gun culture and the presence of a gun (or multiple guns) is the norm.
- There are probably people in the community that match each of these different groups. We need to find those people and see if we can bring them to the table.
- County admitted that DSS probably tends to leave it to the family to find their own supports from their particular culture. We should do a better job of finding these resources for families.
- Counties are having trouble recruiting multicultural and or bilingual staff. Also, once hired they are exploited because everyone comes to them to “just make one call”. Also their caseloads will need to be lower because all their paperwork will have to be completed twice.
- One other county has a bilingual employee but he does not carry his own caseload, he rotates within the agency to other caseworkers who need a translator.

### Contributory Factors

On the 5104 if you making a finding of Substantiated or In Need of Services you are supposed to rank the Contributory Factors. We have heard that the choices are not very inclusive or helpful.

- People would like some factors that did not require the medical diagnosis that the current contributory factors required because frequently the decision is made before the medical diagnosis can be made.
- Need to be able to address Mental Health issues without diagnosis because we can't hold the case open until MH can get an appointment and make a diagnosis.
- There is nothing regarding sexual abuse – if the perp is committing sexual abuse what CF should we put?
- For the Public Assistance definition – it refers to the public assistance, do they mean the fact that the family gets the assistance is the issue? Is the fact that they need these services and don't have them? What specifically about these services do they need?

#### March meetings:

Central: Rowan County March 25<sup>th</sup> – this is a change in date

Western: Asheville, AB Tech - March 27<sup>th</sup>

East: Lenoir Coop Ext, Kinston - March 18<sup>th</sup>

#### April meetings:

Central: Guilford Co DSS – April 22<sup>nd</sup>

Western: Asheville, AB Tech - April 14<sup>th</sup> - this is a new date, but the correct one – the previous date had to be changed

East: Edgecombe DSS – April 15<sup>th</sup>

# **Update on North Carolina's Foster Parent Recruitment and Retention Campaign**

MRS Regional Meetings

*February 2008*

## **Components of Campaign**

### **1. Conduct Clinics to Enhance Foster Parent Recruitment and Retention**

In close collaboration with other partners, we will hold clinics around the state involving agency staff, foster parents and, when possible, representatives from communities of color, including Native Americans. These clinics will help agencies/communities begin to develop (or refine) and implement effective strategies for recruiting and retaining foster parents, especially those from key demographic groups.

### **2. Develop and Disseminate Tool-kit**

Using input from forums, research, and nationally identified best practices, the Division and the Jordan Institute for Families will develop and disseminate a foster parent recruitment and retention tool-kit for county departments of social services and their communities.

### **3. Follow-up and Support**

In state fiscal year 2008-09 the Division and the Jordan Institute will conduct periodic follow-up with agencies actively participating in the foster parent recruitment and retention campaign. The precise form the follow-up will take is yet to be determined, but it could include one or more of the following: regional forums, videoconferencing, teleconferencing, the Internet. We anticipate the follow-up will feature a Q&A and include a focus on the application of the toolkit described in item two above.

### **4. Tracking/Measurement**

In accordance with North Carolina's Program Improvement Plan, which calls for "diligent recruitment of foster and adoptive homes," the Jordan Institute will help the Division begin to establish a baseline and a method of tracking/measuring foster parent recruitment and retention on an ongoing basis and making this information available online. This will help our state assess whether it is meeting the PIP goal of recruiting and retaining foster and adoptive families that reflect the racial and ethnic diversity of children in foster care.

## **Preliminary Survey Results**

- **67:** number of county DSS agencies that completed the survey
- **Siblings.** 70% of responding agencies said they often (10.4%) or sometimes (59.7%) place siblings in separate foster homes because they don't have a foster family that can accommodate them all
- **"Unnecessary" residential placements.** Respondents estimate that 5.6% of the children in their custody live in group placements due to a lack of available therapeutic or family foster homes
- **Foster parents for teens.** Agencies would like to see about 1,200 more foster families for teens.
- **Minority foster homes.** Nearly three in four agencies said they had trouble recruiting minority foster parents. Most agencies do not feel retention of minority foster parents is an issue, however. Agencies report few children (4.5%) are in trans-cultural/racial placements.
- **Distance.** Approximately 11% of the children in foster care in the responding agencies are placed more than a one-hour drive away from their birth family's home.
- **Regional approach.** Vast majority of respondents expressed openness to regional approach.

## **Next Steps**

- Final analysis of survey data
- Scheduling of clinic dates around the state
- Feedback welcome on what folks would like from the clinics or from follow-up activities



**67 Responding DSS Agencies**

Alexander	Catawba	Harnett	New Hanover	Surry
Alleghany	Chatham	Henderson	Northampton	Swain
Anson	Chowan	Hertford	Onslow	Tyrrell
Ashe	Cleveland	Hoke	Pamlico	Union

Alexander	Catawba	Harnett	New Hanover	Surry
Alleghany	Chatham	Henderson	Northampton	Swain
Anson	Chowan	Hertford	Onslow	Tyrrell
Ashe	Cleveland	Hoke	Pamlico	Union
Avery	Columbus	Jackson	Pender	Vance
Beaufort	Cumberland	Johnston	Person	Wake
Bertie	Currituck	Lee	Pitt	Wayne
Brunswick	Dare	Lincoln	Polk	Wilkes
Buncombe	Davidson	Martin	Richmond	Wilson
Cabarrus	Davie	McDowell	Robeson	Yadkin
Caldwell	Durham	Mecklenburg	Rowan	Yancey
Camden	Edgecombe	Mitchell	Rutherford	
Carteret	Forsyth	Montgomery	Sampson	
Caswell	Gaston	Nash	Stokes	

as of Feb. 18, 2008

# Update on the Monthly Foster Care Contact Record

MRS Regional Meetings

*February 2008*

- **Overview.** Collaborative process launched by the Division in spring 2006 to create a tool to improve the quality and consistency of monthly visits between agencies and children in foster care and their foster families.
  - Process involved the formation of an advisory group, the drafting and revision of a monthly visiting tool and, ultimately, a multi-phase pilot test of the tool in 25 North Carolina child-placing agencies (14 public and 11 private).
  - During the pilot this tool was used by approximately 128 child welfare professionals in approximately 596 foster homes with approximately 884 children in foster care.
- **Web-survey of users:** 98 out of 128 reported users(76%) completed the survey.
  - Positives:
    - 61% of workers surveyed said the tool helps them identify concerns during monthly foster home visits.
    - Nearly two-thirds of workers surveyed (64%) stated that this tool helps them plan and monitor follow-up on items addressed during visits.
    - It helps document important information: 82% of workers surveyed indicated that they use the tool to capture their own observations.
    - Time: during the pilot the average time it took a worker to use the tool during the visit with a child declined by almost 30%, from approximately 60 minutes to approximately 41 minutes.
  - Main concerns:
    - Too long (7 pages, 14 items)
    - Redundancy: difficult to integrate into current documentation
- Tool **revised** at recommendation of advisory group and shared with North Carolina Association of County Directors of Social Services' **Children's Services Committee** in January 2008. New tool is:
  - Much shorter (4 pages, 7 items)
  - Space for free narrative to replace regular case dictation notes
  - Agencies strongly urged to have tool replace other documentation and to use electronic version/integrate into existing electronic documentation systems
- **Next steps:**
  - NCDSS will take to Children's Services Committee for approval in spring 2008
  - Will most likely go into state-wide use some time in 2008
  - Implementation supported by brief online training for workers, supervisors
- The Child and Family Services Improvement Act of 2006 (Public Law 109-288):
  - Mandates documentation of monthly visits with children in foster care, majority in child's place of residence
  - Went into effect Oct. 2007
  - NCDSS working with its federal partners to determine whether monthly contacts between private agencies and children in DSS custody will "count" toward meeting this new federal requirement

# Monthly Foster Care Contact Record

**DEMOGRAPHICS** -- complete in advance if possible    Agency Name \_\_\_\_\_

Visit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Took Place in: ☐ Foster Home   ☐ Another Location \_\_\_\_\_

Type of Placement: ☐ Family Foster Care   ☐ Therapeutic Foster Care   ☐ Other \_\_\_\_\_

**Child or Sibling Group Being Visited.** Check the box if the child participated in today's conversation.

☐ First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Permanent Plan \_\_\_\_\_

☐ First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Permanent Plan \_\_\_\_\_

☐ First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Permanent Plan \_\_\_\_\_

☐ First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Permanent Plan \_\_\_\_\_

☐ First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Permanent Plan \_\_\_\_\_

**Other Child(ren) in Home.** List only gender, age, and status (adoptive, birth, or foster).

\_\_\_\_\_  
\_\_\_\_\_

**Name of Foster Parent(s)** ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

*Check the box by the parent's name if he or she participated in today's conversation.*

**Names of Other Adults Living in Home:** \_\_\_\_\_

## **ITEMS TO COVER**

- |  |  |
|--|--|
| • Discuss priorities identified last visit                                   | • Child behaviors and parenting skills   |
| • Changes in the household   | • Schooling/education of child   |
| • Cultural and ethnic considerations   | • Physical health and mental health of child or other members of foster family |
| • Relationships in the foster family   | • Visits, interactions with birth family, and shared parenting                 |
| • Social support and respite   | • Priorities from this visit   |
| • Services and training  | • Follow-up activities   |
| • Relationship with the agency, court process, child's plan, upcoming events | • General narrative comments   |
| • Safety and supervision in the foster home                                  |  |

Prior to the visit, review records and list below items identified for follow-up at last home visit. Use this list as a prompt during your discussion with the foster family.

☐ **During this visit be sure to follow up on these top priorities from the last visit:**

A.

B.

C.

## About the Sample Questions for the Items Below

Below each topic area are sample questions you may wish to use. These questions are merely suggestions, not a script. Discuss the topic areas on this tool in a way that is natural and conversational.

### ☐ 1. Foster home

- **Changes in the household**

*(Is anyone new living in the house, staying temporarily, or spending most of his/her time here?*

*Is new childcare being provided? New pets? Remodeling? New job or financial status?)*

☐ Yes ☐ No **New members living in household?**

- **Relationships in the foster family**

*(How are the children getting along? What about relationships between adults and children?*

*Between adults? What's the greatest source of conflict in the family? How are issues resolved?)*

- **Cultural and ethnic considerations**

*(What are foster parents doing to learn about, honor, and maintain connection to the original*

*culture(s) of the children placed in their home? Do they have any questions or need information about the ethnic, cultural, or religious background of any child?)*

- **Social support and respite**

*(Who does foster family turn to for help and advice—friends, extended family, coworkers, church,*

*school? Does the child have social/emotional support and connections outside the home? What is the plan for ensuring the family/child get respite when they need it?)*

- **Services and training**

*(What resources/referrals are needed for child or other members of foster family—e.g., child care,*

*substance abuse, etc.? What skill would the foster parent or child in foster care benefit from learning/enhancing right now?)*

- **Relationship with agency, court process, child's plan, upcoming events**

*(How could partnership with the agency be improved? What has been helpful? What information or input would the foster parents or child like to have about the court process, the child's plan, or upcoming events? Have foster parents attended child and family team meetings?)*

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ☐ 2. Safety and supervision in the foster home

*(For example, does the child feel safe in the home? Is each child sleeping in a separate bed? Are all family members respecting privacy and appropriate boundaries? Is safe and appropriate discipline being used? Is there an appropriate level of supervision for children in the home?)*

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ☐ 3. Child behaviors and parenting skills

*(What's going well for the child behaviorally? Is any child displaying challenging/concerning behaviors? How capable and successful do foster parents feel in managing child's behavior? What's working/not working?)*

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **4. Schooling/education of child**

*(How is the child doing in school? Consider social as well as academic issues. What does the child or family need to increase success? If applicable, ask about afterschool, preschool, or child care.)*

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **5. Physical and mental health status/needs of child and foster family**

*(Is the child in good health? Does the child have unmet or ongoing medical needs? Have foster parents noticed any recent changes in the child's mood or behavior? Does the child or foster parent have questions about the quality or frequency of mental health services? Is anyone else in the home having medical or mental health problems?)*

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **6. Visits, interactions with birth family, and shared parenting**

*(Does child have concerns or needs related to birth family or visits with them? How do foster parents respond? What are foster parents doing to maintain the connection between the child and the birth family? What has worked or not worked? What help do they need?)*

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **7. Priorities from this visit**

List top three items for follow-up. Indicate if any requires a change in the child's plan/Out-of-Home Family Services Agreement.

- A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

Follow-up Activities Identified During Visit	Person Responsible	Target Date

Follow-up Activities Identified During Visit (continued)	Person Responsible	Target Date

Did you spend time speaking privately with the child? ☐ Yes ☐ No

General Narrative:

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**AGENCY REPRESENTATIVE COMPLETING THIS TOOL:**

-----  
 (Signature) (Print Name) ---/---/---  
 (Date)

**IT IS REQUIRED THAT THIS TOOL BE REVIEWED BY:**

Agency Representative's Supervisor: -----  
 (Signature) (Print Name) ---/---/---  
 (Date)

**IT IS *BEST PRACTICE* TO DISTRIBUTE THIS TOOL TO:**

*date copy provided*

Licensing Worker: -----  
 (Print Name) ---/---/---  
 (Date)

DSS Foster Care Worker: -----  
 (Print Name) ---/---/---  
 (Date)

Foster Parents: -----  
 (Print Names) ---/---/---  
 (Date)

Other: -----  
 (Print Name) ---/---/---  
 (Date)

# Instructions

## *Monthly Foster Care Contact Record*

### **Purpose**

- (1) Focus discussion and attention on safety and well-being for children in foster care and foster families,
- (2) Facilitate timely documentation and follow-up on identified needs.
- (3) Support movement toward the intended outcomes (e.g., permanency plan) for the children being visited.

### **How to Use**

- Complete during **monthly** face-to-face contacts with children in foster care.
- A majority of monthly contacts must occur in the child's current place of residence.
- Review each item on this tool. Exactly how each item is addressed or assessed should be decided by the worker on a case-by-case basis.
- To gain an accurate picture, also spend time speaking privately with the child and observe interactions between the child and foster parents; when and how this is done should be decided by the worker on a case-by-case basis.
- If the **foster family, child, or worker** has a question, concern, or need related to an item, describe it in the space provided.
- Indicate any follow-up and record any general narrative comments on the last page. Append additional pages for narrative as needed.
- This tool can also be used to provide examples or descriptions of **strengths or resources already in place**.

### **Sample Questions to Discuss for Each Item**

Below each numbered item are sample questions child welfare professionals may wish to use to inquire about each item. These are merely a sample—this is not a comprehensive list, nor is it a script. Ideally, each person will discuss with the foster family and child the items on this tool in a way that is natural and conversational.

### **Follow-up Priorities**

This item is a good opportunity to review what was discussed with the foster parents and child during the visit and to ask their opinion about the top three items for follow-up.

### **Follow-up Activities Identified During Visit**

This matrix is a good place to record follow-up activities identified during the visit, the primary parties responsible for carrying out these activities, and the timeframe for completing the activities.

### **Distribution**

Workers must share this completed tool with their supervisors. After it has been approved and signed by the supervisor, it is best practice to distribute it to relevant members of the team serving the child, including the agency's licensing worker, DSS foster care worker (if child is being cared for by private agency), and the foster parents caring for the child.